

EXHIBIT 1

PO BOX 15773
DEPT 07
WILMINGTON, DE 19850-5760

NCO FINANCIAL SYSTEMS INC

507 Prudential Road, Horsham, PA 19044



Calls to or from this company may be monitored
or recorded for quality assurance.

1-888-217-9861
OFFICE HOURS:
8AM-9PM MON THRU THURSDAY
8AM-5PM FRIDAY
8AM-12PM SATURDAY
Feb 17, 2010

1389



HZ0629
LUCINDA GOTTSCHALK
5320 SADDLE RIDGE TRL
MAPLE PLAIN MN 55359-9413

CREDITOR: AMERICAN EXPRESS (US)
CREDITOR'S ACCOUNT #: 2007
REGARDING:
CURRENT BALANCE DUE: \$2327.52

Please be advised that we have been requested by AMERICAN EXPRESS (US) to assist them in the collection of the amount set forth above.

You may contact us at 1-888-217-9861 if you have any questions or if you would like to discuss this matter further.

You may also make payment by visiting us online at www.ncofinancial.com. Your unique registration code is CHZ06290-73BF3A. To receive future notices for the account(s) by e-mail, visit www.ncofinancial.com for details.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgement and mail you a copy of such judgement or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT (MAKE SURE ADDRESS SHOWS THROUGH WINDOW)

THIS COLLECTION AGENCY IS LICENSED BY THE
MINNESOTA DEPARTMENT OF COMMERCE

Our Account #	Current Balance Due
HZ0629	\$ 2327.52

LUCINDA GOTTSCHALK

Payment Amount



\$

Check here if your address or phone number has
changed and provide the new information below.

Make Payment To:



NCO FINANCIAL SYSTEMS
PO BOX 15773
WILMINGTON DE 19850-5773

NCOP K
1389

010700HZ062920000000700000000002327523

EXHIBIT 2

MARSO AND MICHELSON, P.A.
ATTORNEYS AT LAW
3101 Irving Avenue South
Minneapolis, Minnesota 55408
(612) 821-4817
Facsimile (612) 821-4826
Web Site www.marsomichelson.com
E-Mail bmichelson@marsomichelson.com

WILLIAM C. MICHELSON
PAUL F. MARSO*
PATRICK L. HAYES
*ALSO LICENSED TO PRACTICE IN WISCONSIN

Legal Assistants
MONIQUE C. RERAT
PAUL T. MOOSBRUGGER

March 9, 2010

CERTIFIED MAIL ARTICLE
NO. 7009 2250 0003 1032 4275

NCO Financial Systems Inc.
507 Prudential Road
Horsham, PA 19044

Re: Lucinda Gottschalk
American Express Co.
Account No. 2007

Dear Madam or Sir:

Enclosed please find a copy of a letter dated February 17, 2010 which was mailed directly to my client, Lucinda Gottschalk. Please be advised that I have been retained to represent her regarding this matter and for litigation purposes. Please be further advised that my client disputes this debt and requests verification of it. Please provide copies of all credit card disclosure statements that were provided to my client as required by the Truth-In-Lending Act, the date that such disclosure statements were delivered to her and the method of their delivery. I have corresponded with American Express, United Recovery Systems, LP and MRS Associates, Inc. about this matter. Enclosed herein please find a copy of a letter dated September 9, 2009 which I wrote to MRS Associates, Inc. which enclosed my letters to United Recovery Systems, LP and to American Express about this account. What information does NCO Financial Systems Inc. have regarding my representation of Ms. Gottschalk? Also, under no circumstances should you again contact my client directly.

Please correspond with me. Should you contact my office by telephone, due the high volume of telephone calls from my clients' debt collectors, I may not be able to return your telephone call. If you do contact me by telephone, be prepared to leave a message for me including your full name, my client's name, your telephone number with extension or your direct telephone line, your reference number, the last four digits of the original account number and the original creditor's name. In any event, if you leave a message for me and I do not contact you by telephone, do not contact my client directly under any circumstances. Thank you.

Page 2

March 9, 2010

Re: Lucinda Gottschalk
American Express Co.
Account No.

2007

Very truly yours,

A handwritten signature in black ink, appearing to read 'W. Michelson', with a long horizontal flourish extending to the right.

William C. Michelson

WCM/mr

Encl

cc: Ms. Lucinda Gottschalk
American Express, Certified Mail Article
No. 7009 2250 0003 1032 4282

DEPT 07
WILMINGTON, DE 19850-5760

NCO FINANCIAL SYSTEMS INC

507 Prudential Road, Horsham, PA 19044

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or recorded for quality assurance.

1-888-217-9861
OFFICE HOURS:
8AM-9PM MON THRU THURSDAY
8AM-5PM FRIDAY
8AM-12PM SATURDAY
Feb 17, 2010



1389
HZ0629
LUCINDA GOTTSCHALK
5320 SADDLE RIDGE TRL
MAPLE PLAIN MN 55359-9413

CREDITOR: AMERICAN EXPRESS (US)
CREDITOR'S ACCOUNT #: 2007
REGARDING: CID303689817015USD
CURRENT BALANCE DUE: \$2327.52

Please be advised that we have been requested by AMERICAN EXPRESS (US) to assist them in the collection of the amount set forth above.

You may contact us at 1-888-217-9861 if you have any questions or if you would like to discuss this matter further.

You may also make payment by visiting us online at www.ncofinancial.com. Your unique registration code is CHZ06290-73BF3A. To receive future notices for the account(s) by e-mail, visit www.ncofinancial.com for details.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgement and mail you a copy of such judgement or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

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PLEASE RETURN THIS PORTION WITH YOUR PAYMENT (MAKE SURE ADDRESS SHOWS THROUGH WINDOW)

THIS COLLECTION AGENCY IS LICENSED BY THE
MINNESOTA DEPARTMENT OF COMMERCE

Our Account #	Current Balance Due
HZ0629	\$ 2327.52

LUCINDA GOTTSCHALK

Payment Amount

\$

Check here if your address or phone number has
changed and provide the new information below.

Make Payment To:

|||||
NCO FINANCIAL SYSTEMS
PO BOX 15773
WILMINGTON DE 19850-5773

NCOP K
1389

010700HZ062920000000700000000002327523

MARSO AND MICHELSON, P.A.

ATTORNEYS AT LAW

3101 Irving Avenue South
Minneapolis, Minnesota 55408
(612) 821-4817

Facsimile (612) 821-4826

Web Site www.marsomichelsonharrigan.com

E-Mail pa@marsomichelsonharrigan.com

WILLIAM C. MICHELSON

PAUL F. MARSO*

*ALSO LICENSED TO
PRACTICE IN WISCONSIN

Legal Assistant

MONIQUE C. RERAT

Law Clerk

PATRICK L. HAYES

September 9, 2009

**CERTIFIED MAIL ARTICLE
NO. 7008 2810 0000 1786 2084**

MRS Associates, Inc.
701 Brooksedge Plaza Drive
Westerville, OH 43081

Re: Lucinda Gottschalk
American Express Co.
Account No. 2007
MRS Account No. 29269

Dear Madam or Sir:

Enclosed please find a copy of a letter dated August 17, 2009 which was mailed directly to my client, Lucinda Gottschalk. Please be advised that I have been retained to represent her regarding this matter and for litigation purposes. Please be further advised that my client disputes this debt and requests verification of it. Please provide copies of all credit card disclosure statements that were provided to my client as required by the Truth-In-Lending Act, the date that such disclosure statements were delivered to her and the method of their delivery. I have corresponded with American Express and United Recovery Systems, LP about this matter. Enclosed herein please find a copy of a letter dated June 24, 2009 which I wrote to United Recovery Systems, LP which encloses a copy of the January 30, 2009 letter I wrote to American Express about this account. What information does MRS Associates, Inc. have regarding my representation of Ms. Gottschalk? Also, under no circumstances should you again contact my client directly.

Please correspond with me. Should you contact my office by telephone, due the high volume of telephone calls from my clients' debt collectors, I may not be able to return your telephone call. If you do contact me by telephone, be prepared to leave a message for me including your full name, my client's name, your telephone number with extension or your direct telephone line, your reference number, the last four digits of the original account number and the original creditor's name. In any event, if you leave a message for me and I do not contact you by telephone, do not contact my client directly under any circumstances. Thank you.

Page 2

September 9, 2009

Re: Lucinda Gottschalk

American Express Co.

Account No. 2007

MRS Account No. 29269

Very truly yours,



William C. Michelson

WCM/mr

Encl

cc: Ms. Lucinda Gottschalk
American Express, Certified Mail Article
No. 7008 2810 0000 1786 2091



Office Handling Your Account:
MRS Associates, Inc.
701 Brookside Plaza Dr.
Westerville OH 43081
888-491-5170

Office Hours:

Monday - Thursday 8am - 9pm ET
Friday 8am - 5pm ET
Saturday 8am - 12pm ET

RE: American Express

CREDITOR ACCT#:

2007

MRS ACCT#:

August 17, 2009

Dear LUCINDA GOTTSCHALK,

The above referenced client has placed your account with our office for collection. This decision was made due to your continued failure to meet your contractual obligation.

If the debt is not in dispute, then you have an important decision to make: honor your contractual obligation and receive significant positive benefits from satisfying the debt or continue not honoring your contractual obligation and continue to face the possibility of negative consequences. The negative consequences are determined by the terms and conditions of your contract, the applicable laws in your state, and our client's willingness to incur additional costs and expenses.

Clearly our client would prefer to work with you than against you, however, the decision to proceed with further collection activity is determined by you and your willingness to honor your commitment.

IMPORTANT CONSUMER INFORMATION

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Sincerely,

MRS ASSOCIATES INC.
888-491-5170

MINNESOTA RESIDENTS:

This collection agency is licensed by the Minnesota Department of Commerce.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

This communication is from a debt collection agency.

MARSO AND MICHELSON, P.A.
ATTORNEYS AT LAW
3101 Irving Avenue South
Minneapolis, Minnesota 55408
(612) 821-4817
Facsimile (612) 821-4826
Web Site www.marsoandmichelsonharrigan.com
E-Mail pa@marsoandmichelsonharrigan.com

WILLIAM C. MICHELSON
PAUL F. MARSO*
*ALSO LICENSED TO
PRACTICE IN WISCONSIN

Legal Assistant
MONIQUE C. RERAT

Law Clerk
PATRICK L. HAYES

June 24, 2009

CERTIFIED MAIL ARTICLE
NO. 7008 2810 0001 1785 9299


United Recovery Systems, LP
P.O. Box 722929
Houston, TX 77272-2929

Re: Lucinda Gottschalk
American Express Co.
Account No. 2007
URS No.

Dear Madam or Sir:

Enclosed please find a copy of a letter dated June 3, 2009 which was mailed directly to my client, Lucinda Gottschalk. Please be advised that I have been retained to represent her regarding this matter and for litigation purposes. Please be further advised that my client disputes this debt and requests verification of it. Please provide copies of all credit card disclosure statements that were provided to my client as required by the Truth-In-Lending Act, the date that such disclosure statements were delivered to her and the method of their delivery. I have corresponded with American Express about this matter. Enclosed herein please find a copy of a letter dated January 30, 2009 which I wrote to American Express about this account. What information does United Recovery Systems, LP have regarding my representation of Ms. Gottschalk? Also, under no circumstances should you again contact my client directly. Thank you.

Very truly yours,


William C. Michelson

WCM/mr

Encl

cc: Ms. Lucinda Gottschalk
American Express, Certified Mail Article
No. 7008 2810 0001 1785 9282



UNITED RECOVERY SYSTEMS, INC.

www.unitedrecovery.com

Date: Jan 1, 2009

From: American Express

Account No. [REDACTED]

TX 77001

United Rec. 300 North Course Drive

Houston, TX 77002-3000

United Recovery Systems, Inc.

P.O. Box 72900

Houston, TX 77272-2900

United Recovery Systems, Inc.

Please read this document carefully.

YOUR ACCOUNT HAS BEEN REFERRED TO THIS OFFICE FOR COLLECTION.

We have received notification of any undeposited amount from your client in the enclosed envelope.

The enclosed envelope contains 30 days after receiving notification that you should have received the amount.

If you wish to make payment arrangements, you can call an office representative at 1-800-451-1234.

If you notify this office in writing within 30 days of the date of the envelope, the office will provide you with a copy of your account and verification.

If you are unable to receive this notice, this office will provide you the name and address of the current creditor.

If you wish to make payment arrangements, you can call an office representative at 1-800-451-1234.

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MARSO, MICHELSON & HARRIGAN, P.A.

ATTORNEYS AT LAW

3101 Irving Avenue South
Minneapolis, Minnesota 55408

(612) 821-4817

Facsimile (612) 821-4826

Website www.marsonmichelsonharrigan.com

E-Mail pa@marsonmichelsonharrigan.com

THOMAS G. HARRIGAN
WILLIAM C. MICHELSON
PAUL F. MARSO*
*ALSO LICENSED TO
PRACTICE IN WISCONSIN

Legal Assistant
MONIQUE C. RERAT
Law Clerk
PATRICK L. HAYES

January 30, 2009

CERTIFIED MAIL ARTICLE
NO. 7008 1140 0001 0688 8224

American Express
Box 0001
Los Angeles, CA 90096-8000

Re: Cindi K. Gottschalk
Account Number 2007
Alleged Balance: \$2,339.35

Dear Madam or Sir:

Enclosed herewith please find a copy of a statement which was mailed to my client, Cindi K. Gottschalk. Please be advised that I have been retained to represent her regarding this matter and for the purpose of negotiating reduced payments of her debts and for litigation purposes. Please be further advised that my client disputes this debt and requests verification of it, including copies of all disclosure statements sent to her, if any, the dates such disclosures were provided, and the method of their delivery. Ms. Gottschalk and her husband have over \$457,000.00 of unsecured debt. Nonetheless, Ms. Gottschalk is willing to pay 10% of the alleged current balance, \$233.94, in full settlement of the account. Please advise.

Because I represent Ms. Gottschalk regarding this matter, any further contact regarding this matter must be made directly with me and not with my client. Should this matter be referred to a debt collection agency or collection attorney, please advise that agency or attorney to which or to whom the account is referred that this law firm represents Cindi K. Gottschalk regarding this matter and said agency or attorney should contact this law firm and not my client. This letter should be considered part of the collection file and must be shared with any collection agency or attorney that receives this account for collection in the future.

Page 2

January 30, 2009

Re: Cindi K. Gottschalk

Account Number

Alleged Balance: \$2,339.35

2007

Very truly yours,



William C. Michelson

WCM/mr

Encl

cc: Ms. Cindi K. Gottschalk

Statement of Account

Card No. 12345678901234567890 Exp. Date 12/10/08

Current Balance \$ 2,347.39

Minimum Payment Due \$ 47.00

Available Credit Line \$ 180.00

Cash Advances Limit \$ 0.00

Important Privacy Notice

Your credit limit is \$2,500.00 and your cash advances limit is \$0.00.

To continue using your card, you must pay your bill on time. Please visit americanexpress.com/privacy for more information. Please see the reverse side of this page.

Activity

New Activity for CINDI K GOTTSCHALK

12/10/08 Periodic Finance Charge

Activity	Amount
Total of New Activity	26.97

Finance Charges	Average Daily Balance \$	Periodic Rate	Daily Periodic Rate	Actual ANNUAL PERCENTAGE RATE	Nominal ANNUAL PERCENTAGE RATE	Periodic Finance Charge \$
Purchases	2,347.39	0.0383%		13.97%	13.99%	26.97
Cash Advances	0.00	0.0520%		0.00%	18.99%	0.00
						26.97

Certain of the periodic rates and APRs above may be variable. Those rates may vary based upon the prime rate identified in the Wall Street Journal, as described in your Cardmember Agreement as currently in effect.

Please fold on the perforation below, detach and return with your payment.

Do not staple or use paper clips

Payment Coupon

Account Number
3717-438997-42007

Payment Due Date
12/30/08

To Pay by Computer, visit:
americanexpress.com/pco

CINDI K GOTTSCHALK
5320 SADDLE RIDGE TRL
MAPLE PLAIN MN 55359-9413

New Balance
\$ 2,394.35

Minimum Amount Due
\$47.00

Enter account number on all documents. Make check payable to American Express.

See Finance Charge section reverse side for a description of when additional Finance Charges are not assessed on Purchases.

Check here if your address or phone number has changed. Note changes on reverse side.

Mail Payment to:

AMERICAN EXPRESS
BOX 0001
LOS ANGELES CA 90096-8000

3308
Paid online
12/24

EXHIBIT 3

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. *Gottschalk*

1. Article Addressed to:

NCO Financial Systems Inc.
507 Prudential Road
Horsham, PA 19044

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*3/16*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7009 2250 0003 1032 4275

EXHIBIT 4

Case 0:10-cv-01899-JRT-FLN Document 1-1
PO BOX 15456
Dept 03
WILMINGTON DE 19850

Filed 04/29/10 Page 18 of 18
NCO Financial Systems, Inc.
1804 Washington Blvd, Mailstop 450, Baltimore, MD 21230

Calls to or from this company may be monitored
or recorded for quality assurance.

1-800-829-6136
OFFICE HOURS:
8AM-9PM MON THRU THURSDAY
8AM-5PM FRIDAY
8AM-12PM SATURDAY
Mar 27, 2010

590-30

CREDITOR: AMERICAN EXPRESS
CREDITOR'S ACCOUNT #: 2007
REGARDING: CID303689817015USD
CURRENT BALANCE DUE: \$ 2327.52



MN1683
LUCINDA GOTTSCHALK
5320 SADDLE RIDGE TRL
MAPLE PLAIN MN 55359-9413



Please be advised that the creditor listed above has placed the above account with us to collect.

You may also make payment by visiting us online at www.ncofinancial.com. Your unique registration code is 3434ZV. To receive future notices for the account(s) by e-mail, visit www.ncofinancial.com for details.

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PLEASE RETURN THIS PORTION WITH YOUR PAYMENT (MAKE SURE ADDRESS SHOWS THROUGH WINDOW)

THIS COLLECTION AGENCY IS LICENSED BY THE
MINNESOTA DEPARTMENT OF COMMERCE

Account #	Total Balance
MN1683	\$2327.52
LUCINDA GOTTSCHALK	

Payment Amount



\$

Check here if your address or phone number has
changed and provide the new information below.

Make Payment To:

|||||
NCO FINANCIAL SYSTEMS
PO BOX 15456
WILMINGTON DE 19850-5456

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